

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

TRAILS

(Time Reporting Activity Information Log System)

For this pdf version, multiple log sheets are not available. The size of the file makes it prohibitive.
Please use the second page multiple time to log multiple days as needed.

ASSISTS WORKER'S ID NO.		REPORT PERIOD START DATE
SITE CODE	OFFICE PHONE	DATE REPORT COMPLETED
PRINT SUPPORT COORDINATOR'S NAME		SUPPORT COORDINATOR'S SIGNATURE
SUPERVISOR'S NAME <i>(Print)</i>		SUPERVISOR'S SIGNATURE

Completion Instructions for DD-565

- A. **Purpose:** This form is ESSENTIAL for the Division of Developmental Disabilities (DDD) to be in compliance with Federal time reporting requirements under the Arizona Long Term Care System (ALTCS). ALTCS audits require this information, without it funding will be impacted.
- B. **Completion:** Check the appropriate box to reflect the program eligibility of the person being served during **EACH** 15 minute time period. (CHECK ONLY ONE BOX PER TIME PERIOD)
- Check the XIX box if person is enrolled in ALTCS. Complete the first and last name of the person being served during that period (travel time included).
- Check the Targeted Case Management (TCM) box if person is part of that program. Complete the first and last name of the person being served during that period (travel time included).
- Check DDD box if DDD eligible ONLY, or is in intake/referral status. Complete the first and last name of the person being served during that period (travel time included).
- If activity cannot be attributed directly to a person, such as attendance in training, a staff meeting or administrative duties check the OTHER box. Also, check OTHER for breaks. Lunches are to be identified on the form. DO NOT enter any checks in OTHER for lunches.
- Total each checked column and enter totals at bottom. The total number of time periods worked should equal the total sum for columns titled XIX, TCM, DDD and OTHER.
- C. **Note:** COMPLETE ONE FORM FOR EACH ASSIGNED WORKDAY. For days not worked, complete a form and specify the reason for not working (*i.e., holiday, sick, annual leave, jury duty*) and check the appropriate number of boxes in OTHER.
- D. **Timesheet:** Be certain that the information entered on your TRAILS form reflects your TIMESHEET, the Federal Government requires timesheet verification in the audit.
- E. **Routing:** Return completed forms within seven (7) days to - 791A - Attention: TRAILS
- F. **Retention:** Support Coordinators should keep copies of their TRAILS reports on file for at least sixty (60) days.

Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602 542-0419; TTY/TDD Services: 7-1-1.

TIME PERIOD	XIX	TSC	DDD	PERSON'S NAME (First, Last)	OTHER
7:00 - 7:15 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
7:15 - 7:30 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
7:30 - 7:45 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
7:45 - 8:00 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
8:00 - 8:15 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
8:15 - 8:30 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
8:30 - 8:45 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
8:45 - 9:00 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
9:00 - 9:15 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
9:15 - 9:30 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
9:30 - 9:45 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
9:45 - 10:00 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
10:00 - 10:15 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
10:15 - 10:30 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
10:30 - 10:45 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
10:45 - 11:00 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
11:00 - 11:15 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
11:15 - 11:30 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
11:30 - 11:45 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
11:45 - NOON AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
NOON - 12:15 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
12:15 - 12:30 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
12:30 - 12:45 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
12:45 - 1:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
1:00 - 1:15 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
1:15 - 1:30 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
1:30 - 1:45 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
1:45 - 2:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
2:00 - 2:15 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
2:15 - 2:30 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
2:30 - 2:45 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
2:45 - 3:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
3:00 - 3:15 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
3:15 - 3:30 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
3:30 - 3:45 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
3:45 - 4:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
4:00 - 4:15 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
4:15 - 4:30 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
4:30 - 4:45 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
4:45 - 5:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
5:00 - 5:15 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
5:15 - 5:30 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
5:30 - 5:45 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
5:45 - 6:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

ADDITIONAL TIME: Please list below in 15 minute increments.

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Totals of above columns

Total time periods worked = + + +

SUPPORT COORDINATOR'S SIGNATURE

DATE